

# L13000013298

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2013 JAN 10 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 25 2013

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2013

NORMA PEREZ  
2647 N GARDEN DRIVE, APT 201  
LAKE WORTH, FL 33461

SUBJECT: NORPEZ LLC.  
Ref. Number: W13000002234

We have received your document for NORPEZ LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 10, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days. If your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 413A00000853

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ALLAHUSSEIN FLORIDA

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(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **NORPEZ LLC.**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Norma Perez**

Name of Person

Firm/Company

**2647 N Garden Drive, Apt 201**

Address

**Lake Worth, Florida 33461**

City/State and Zip Code

**yamirka@drmachin.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Yamirka Machin**

Name of Person

at **(561) 632-7639**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NORPEZ "LLC."

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

2647 N Garden Drive, Apt 201

Lake Worth, FL 33461

### Mailing Address:

2647 N Garden Drive, Apt 201

Lake Worth, FL 33461

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Norma Perez

Name

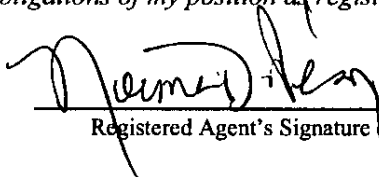
2647 N Garden Drive, Apt 201

Florida street address (P.O. Box **NOT** acceptable)

Lake Worth, FL 33461

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGMR

Norma Perez

2647 N Garden Drive, Apt 201

Lake Worth, FL 33461

MGR

Yamirka Machin

1511 Forest Hill Blvd

West Palm Beach, FL 33406

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TALLAHASSEE, FLORIDA

2013 JAN 10 PM 4:21

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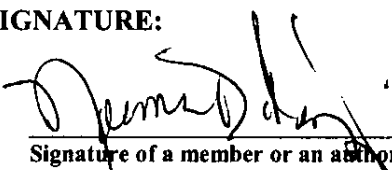
(Use attachment if necessary)

1/5/2013 NP

**ARTICLE V:** Effective date, if other than the date of filing: December 1st, 2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Norma D. Perez

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**